The Canadian Nurse

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ENTENTE CORDIALE

Canadian nurses, as an organized group, have been fortunate in having retained through these difficult years the sympathetic understanding and the respect of the medical profession. This happy relationship was greatly strengthened by the fair-minded and thoroughly helpful attitude of the physicians who served as members of the Joint Study Committee of the Canadian Medical Association and the Canadian Nurses Association. The *Survey* carried on under the auspices of this committee, owes much of its authority and value to the contribution made by Dr. G. Stewart Cameron in his capacity as chairman and to his medical associates, Dr. A. T. Bazin and Dr. Duncan Graham.

It is a satisfaction to know that this official link between the medical and nursing group is still in being and that the scope of the committee's activities is being enlarged. Dr. Stewart Cameron is still chairman and Dr. Graham continues to serve as a member and, although Dr. Bazin is no longer officially connected with the committee, he still retains his active interest in nursing affairs. Nor is this committee the only link between the two professional groups. The Standing Committee on Curriculum includes in its membership a number of physicians who have made a most valuable contribution to its activities; these are reported upon in this issue, under the caption of the Department of Nursing Education, by the convener of the committee, Miss Marion Lindeburgh.

Another proof of the friendly interest of physicians in our professional problems is the following editorial, written by Dr. Grant Fleming, which appeared in the April issue of *The Canadian Medical Association Journal*, and is here quoted with the permission of the editor of that *Journal*:

Problems of the Nursing Profession

The nursing profession of Canada faces its problems with a frankness and courage which might well arouse the envy of others. This is a matter of importance, not only to the nursing profession itself but to the general public, the recipients of nursing care, and, in particular, to the medical profession, which leans so heavily upon the nursing profession in providing for patients the care they require.

It is now generally accepted, following upon the Weir report, that nursing education in Canada leaves much to be desired. The present system is that of apprenticeship, which means that the nurse-in-training is used by the hospital for hospital services instead of devoting her time to her education. It seems obvious that the first step towards better standards of education should be preceded by a definition of the several fields of nursing and the type of nursing personnel required to do the work in these different fields. Conditions have changed since the first training schools were established. The whole field of public health has developed, and in that field the public health nurse has become the most important figure, both numerically and effectively. With changing economic conditions, the appearance of the apartment and the disappearance of the unmarried woman from the home and her entrance into the business world, together with other factors, has come the development of visiting-nurse service in the home. This form of nursing service was started primarily as a service for the less fortunate members of the community by the Victorian Order of Nurses for Canada. This Order has shown that, through the organiza-

tion of a qualified staff of nurses, receiving supervision from a central office, it is practical to provide a nursing service of a high standard. From this beginning the service has been extended to furnish the same type of service for the whole community. The good offices of the Order could well be utilized by the medical profession to a greater extent than they are.

It would appear that the time has come for nursing to follow the other professions out of the apprenticeship stage of preparation into provision for a more adequate system of nursing education. At the last annual meeting of the Canadian Nurses Association, President Wallace of the University of Alberta, delivered an address under the title of "A Challenge to the Profession." This is one of the finest presentations of the subject which has been made, and every practitioner should read it. As an educationist and a humanist, President Wallace sees the need for schools of nursing as a part of the university, to receive only such students as are qualified for university registration, at which schools the student will pay fees and receive an education in the fundamental sciences upon which the profession is based, as well as being given the intellectual training which allows for a wide, intelligent interest. It can hardly be doubted that this change will come about slowly but surely. We must face the fact that if nursing services are to be on a sound basis, then the nursing profession must be allowed to control the licensing of those who are to practice nursing. Just so long as anyone, regardless of training, is allowed to call herself a nurse, no control can be exercised. Likely, there is a place for visiting housekeepers, and others, to meet the needs of the home which grow out of illness. If so, these should all be controlled through one central body in the interests of the community. This is becoming a matter of practical politics in view of the development of health insurance.

It is high time that the medical profession take a more active interest in the welfare of the nursing profession. It is perhaps fair to say that the nurses must decide what they want; that is not for the medical profession to do, but once the nurses have made their decision, the medical profession should be ready to give the most active and sympathetic support to those efforts which will ensure the best nursing care for those requiring it at terms they can afford to pay.

COMING EVENTS

Reference has already been made in the *Journal* to the refresher course which has been arranged by the Registered Nurses Association of British Columbia in conjunction with the Summer Session of the University of British Columbia. The course begins on July 2 and ends on July 12 and the tentative outline shows a rich and varied programme. The visiting lecturers are Mrs. Mary Marvin Wayland, formerly a member of the faculty of the Department of Nursing Education in Teachers' College, Columbia University, and Dr. Edith S. Bryan, a well-known authority on public health nursing. Members of the faculty of the University of British Columbia will also participate, and demonstrations of the newer nursing procedures are also to be offered.

Those who can arrange to attend all sessions will find that the course, brief as it is, has been well integrated, on the other hand any single lecture will amply justify attendance. The registration fees have been made flexible: the full course of two weeks duration costs $5.00; for one week, $2.50; for a single day or lecture, fifty cents. Application blanks may be obtained from Miss Helen Randal, 520 Vancouver Block, Vancouver. We predict that all British Columbia roads will lead to Point Grey during the first two weeks of July.

LOBECTOMY: THE NURSING CARE

DOROTHY RIDDELL, Head Nurse, Surgical Division, Toronto General Hospital.

Bronchiectasis is a condition in which the bronchi are dilated beyond normal size. It usually occurs in the middle and lower lobes of the lung. Infection is the only known cause which weakens the bronchial walls. This weakening occurs after whooping cough, influenza, pneumonia, or may result from the presence of a foreign body in the lung. The bacteriology of the disease is that which causes its onset, for example, pneumococcus, bacillus of influenza. The symptoms depend upon the degree of development of the disease, and the condition of the surrounding parenchyma of the lung. There is the slow and insidious type of disease which begins at any age, with no distinct onset, but more often it is learned that the patient has had a cough since childhood, yet undergoing few of the constitutional changes, such as persistent fever, night sweats and loss of weight. Often the patient has had repeated attacks of pneumonia in the diseased lobe. The sputum appears yellow and chunky, with a fetid odor, and the patient has very little dyspnoea.

Knowledge of the treatment of bronchiectasis has been advanced recently through the use of a radio-opaque substance, lipiodol, and of the bronchoscope, and by means of experiments in thoracic surgery. Lobectomy is the only cure for bronchiectasis, yet it must only be considered where the patient has a definite disability, such as a copious foul sputum, which causes the patient to be a social outcast, or a chronic well-defined ill-health, due to hemorrhage, pneumonia or progressive constitutional changes. In these cases, all simpler treatments are tried first. Many patients have had bronchiectasis for a long period, but as their only disability is a moderate cough, they are discouraged regarding operation.

After admission to hospital, the patient is allowed out of bed, if there are no contra-indications. This gives the patient as much freedom as possible, and an opportunity to adjust herself to the ward. She spends as much time as possible in the solarium with the chest exposed to the sunlight. Occupational therapy is invaluable in making the patient "forget" herself. The diet is rich in calories, and well balanced in order to increase her resistance to further infection.

Postural Drainage

Certain positions of the patient allow more advantageous drainage of the sputum in the lung. The position that the patient assumes is with the head lower than the hips, and lying on the side opposite the bronchiectasis. The patient leans over the bed (as shown in the accompanying illustration) with her head touching the floor. This position is maintained from two to ten minutes, depending upon the time required to empty the lung of sputum. This is done about six in the morning, and eight in the evening, or more often if necessary. In the intervening time, the sputum is collected in the usual type of sputum box. This type of "postural drainage" rids the lung of infected material, and decreases chance of spreading infection to other parts of the lung.

Two days prior to operation, the foot of the bed is elevated to an angle of thirty-five degrees. The patient finds it difficult to sleep comfortably with the bed tilted at such an angle, but when it is explained that the purpose is for more adequate drainage, and with the administration of a light sedative, it is not hard to obtain her co-operation.

Pre-operative Measures

The morning of operation is most important. Eleven o'clock is considered the most suitable hour. This time allows the patient an opportunity to rest, to have a light breakfast, and most important of all, to make effective thorough postural drainage in the early morning, and again after the first pre-operative sedative has

been administered. Unless the preparation for operation is well organized, there will be considerable confusion. For this reason, all arrangements for donors for transfusion are made on the previous day. On the morning of the operation, a "cut-down" intravenous of normal saline is started. When the patient is ready to go to the operating room, and before she is too drowsy from the effect of the sedative, the close relatives are admitted. The surgeon and anaesthetist visit the patient at least half an hour prior to operation, mainly for the purpose and reassurance and encouragement. Having once decided to have the operation performed, the patient must never lose faith in its ultimate success. Therefore the work of each and everyone is to inspire confidence.

The Operation

The administration of the anaesthetic is a major problem in the operation for lobectomy. Spinal anaesthesia, nitrous oxide or cyclopropane is used: anaesthesia of ether is not used. A long incision is made between the vertebrae and scapula posteriorly around the lower part of the scapula to the costal cartilages in front. The usual entry to the chest is through the sixth interspace. The ribs adjacent to this entry are dissected near the vertebral end to allow a larger opening. The intercostal muscles are divided and a small puncture is made into the pleura to allow air to enter slowly to retract the lung. If the patient has emptied the lung of excess sputum prior to operation, and if the patient has been impressed with the importance of avoiding coughing, then there is little disturbance of pulse rate or respiration from this procedure. When the diseased lobe has been freed, a snare of heavy cord is passed around it as near as possible to the mediastinum and the loop is drawn tight in an instrument especially designed for this purpose. A second snare is used about one and a half inches distal to the first to prevent the escape of infected material during the resection of the lung. The incision is then made and the vessels ligated. The stump is sutured to the under surface of the upper lobe.

A small incision is made in the ninth interspace in front of the midaxillary line through which a tube is drawn until it is about one inch from the pedicle of resected lung. The tube is maintained in place by a suture to the diaphragm. When the pleura is closed, in closing the wound, the distal end of the tube is placed under the surface of a bottle containing two per cent lysol solution. The patient is asked to cough. This expresses air from the pleural cavity and permits rapid expansion of the lung. This establishes a "closed" type of intercostal drainage from the chest cavity.

From an intercostal incision in the anterior chest a drainage tube extends two feet below the level of the chest to a bottle containing lysol solution for the purpose of collecting fluid from the chest cavity. This is called a "closed" type of drainage. Therefore dressings are not necessary. The nurse is required to watch the drainage bottle for signs of hemorrhage and guard against misplacement of the tube, and particularly against removing the end above the level of the lysol solution.

Post-operative Measures

While the patient is in the operating room, the usual post-operative preparation is made. In addition, apparatus which may be required is made ready for use, such as the continuous siphon apparatus, and the oxygen tent for the administration of oxygen therapy. Following the operation, a transfusion of blood is given, before she returns to the ward. The operation is a long one, often requiring the patient to be in the operating room for several hours, and after her return, constant and skilful nursing care is required.

It is difficult to make the patient comfortable. The respirations cause continual movement of the lungs, and so the patient

suffers pain. Enough morphia, in doses of one-sixth grain, is given to keep the patient at comparative ease. She is gradually raised to Fowler's position, and given a nourishing and stimulating drink, such as tea or hot lemonade. This often aids in eliminating mucus from the throat as well. The patient is turned frequently from side to side, but she lies the greater part of the time on the affected side in order to promote as much drainage as is very little. It is important for the nurse to chart daily the amount of drainage from the chest, and to note the quality whether purulent, muco-purulent, blood tinged or mucus. The patient is given syrup of codeia between the periods of systematic drainage as often as necessary to relieve irritation. Twenty-four hours after operation, an X-ray is taken by means of a portable machine. If the X-ray shows an appreciable amount of fluid

POSTURAL DRAINAGE IN BRONCHIECTASIS

possible from the chest, and to give extra pressure to the wound. Fluids are given freely and the intravenous of normal saline continues to run until the first or second day following operation.

Drainage

For an hour night and morning on the first day after operation, the head of the bed is lowered and the foot is elevated to an angle of thirty-five degrees, to promote more effective drainage. There is a marked decrease in the daily output of sputum, and at the end of two weeks, the amount in the cavity, the continuous siphon drainage is attached to the intercostal drainage tube, which continues until drainage ceases or a bronchial fistula develops. This siphon exerts a slow, steady suction, which varies directly as the height of the column of water between the two jars. If an empyema develops and the amount of fluid is too much to be removed by an aspirating needle, a rib resection or an inter-costal drainage is usually done, and an "open" type of drainage into a dressing pad is establish-

ed. It may be weeks or even several months before an empyema clears up or a fistula closes.

The patient is allowed whatever food she wishes after the second day. The diet required is high in calories and rich in vitamines with the additional medication of reduced iron and cod liver oil. Every thing possible is done to make the meals attractive and appetizing in order that the patient will eat well. She is allowed up about the tenth day, if no complications occur. The important points in the nursing care of a lobectomy are:

1. Close observation of the patient's condition, and accuracy in reporting signs and symptoms; for example, haemorrhage, both primary and secondary, or cessation of drainage.
2. Administration of large amounts of fluid by mouth and intravenous.
3. Thoroughness in carrying out routine postural drainage.
4. Frequent changes in position to promote drainage and prevent pneumonia, which is the most serious complication of lobectomy.
5. Special care as to diet, which should be of high calorific value.
6. Records to be accurate and very complete.
7. Securing and maintaining the confidence and co-operation of the patient.

When discharged from the hospital, the patient's relatives and friends are advised to have the patient live as quiet a life as possible and to establish normal social contacts. These patients have the benefit of the usual system of follow-up, and are given thorough physical examinations at stated intervals. It is not difficult to see that in the nursing care of such an acutely ill patient, the nurse acquires a more scientific method of working. Nor is it hard to understand that during convalescence a great deal of patience and tact is required on the part of the nurse, especially if she is to be successful in helping the patient, who has hitherto been a social outcast, to adjust herself to a normal way of living. This work gives one an opportunity of appreciating the efforts of all those who, in recent years, have experimented in thoracic surgery in order to find a cure for or the amelioration of bronchiectasis.

References: "Bronchiectasis: Ætiology, Diagnosis and Treatment," by W. P. Warner, *The Canadian Medical Association Journal*, August, 1932, and "Experiences in Pulmonary Lobectomy," by N. S. Shenstone and R. M. Janes, December, 1932.

BRITISH COLUMBIA ANNUAL MEETING

HELEN RANDAL, Registrar, Registered Nurses Association of British Columbia.

The annual meeting of the Registered Nurses Association of British Columbia (the new title gained by the changed Registered Nurses Act), was held April 22 and 23, in the auditorium of the Vancouver General Hospital. Meetings of the three sections, which were filled with interesting material relative to the special interest of each were held, and also a meeting of the Council. By the courtesy of the Vancouver General Hospital and at the invitation of Miss Fairley, the members of the Council were entertained at luncheon. Miss Henrietta Adams, the guest speaker was also present at this delightful function.

The general meeting was opened by the invocation pronounced by the Rev. C. C. Owen. In her presidential address Miss Gray brought to the attention of the audience matters of interest such as the improved office system, the new offices, the plans for refresher course and the passing of the Act regarding the profession of nursing, otherwise the Registered Nurses Act, special notice being given to the new name under which we are now incorporated. Reports by the

registrar, the secretary and the school inspector, made a full afternoon followed by a council meeting. The dinner, held at the Hotel Georgia, was well attended. A most interesting address, in radio news "flash" style, dealing with the latest developments in nursing education was given by Miss Henrietta Adams, who is well fitted to do this by virtue of her position as educational director, Harbourview Division, University of Washington School of Nursing.

The afternoon programme on April 23 was unavoidably subject to change, but two excellent addresses took the place of the panel discussion which had been planned. Dr. Murray Blair, gave a most interesting talk on cancer, followed by Dr. G. F. Amyot, whose address on "Relationships of curative and preventive medicine" gave us food for thought. Tea was served by the staff of the Vancouver General Hospital.

Interesting and full reports were given concerning the following: the Joint Committee for Red Cross Enrolment; plans for the refresher course; *The Canadian Nurse;* Joint Study Committee; League of Nations Society (Canadian Branch); Nightingale Memorial; development of new type of registries; Dominion registration; licensing of nurses; committee on arrangements for the Biennial Meeting of the Canadian Nurses Association. Dr. J. M. Ewing, at the evening session, gave us a real treat in his address, "Adventures in a strange world", this particular "world" being ourselves—a witty and clever talk on some phases of psychology.

The results of the election were then announced as follows: President, Miss Grace M. Fairley; first vice-president, Miss Elizabeth G. Breeze; second vice-president, Miss Margaret Duffield; secretary, Miss Cora C. Tretheway; Conveners of committees: public health nursing, Miss Margaret E. Kerr; nursing education, Miss Agnes J. McLeod; private duty nursing, Miss Esther Paulson; Councillors: Miss Mary P. Campbell, Miss Maud Mirfield, Miss Kathleen Sanderson, Sister Mary Gregory, Miss Helen Randal. Under the new Act the registrar is appointed by the council, not elected as heretofore.

A handsome bouquet was presented to Miss Mabel F. Gray, the retiring president, by Miss Campbell, on behalf of the association. A social hour brought a most interesting programme to a close. During the proceedings Miss Adams was good enough to speak informally and to give us the benefit of her knowledge.

CHILDREN'S MEMORIAL HOSPITAL
Montreal

The position of Superintendent of Nurses in this Hospital is vacant. Applications should be addressed to the undersigned.

This Hospital has a capacity of over three hundred beds. It admits patients suffering from all forms of children's diseases, except those that are contagious. It is a teaching hospital affiliated with McGill University.

R. WILSON, C.A., *Secretary,*
215 St. James St. West, Montreal.

ACTION IN ONTARIO

By way of introduction to an informal report of the recent annual meeting of the Registered Nurses of Ontario we are quoting (without her permission) an excerpt from a letter from Miss Mary Roberts, editor of the *American Journal of Nursing*:

> In addition to the complicated routine of the editorial office, there is the imperative necessity for a certain amount of travel in order to keep in touch with important activities. This latter is absolutely essential, in my opinion, from the editorial point of view. *The only way really to know how nurses think and work is to go where they are at work.*

The italics and the sentiments are ours and we here express our sincere gratitude to the Registered Nurses of Ontario for making it possible for the writer to see its officers and members at work.

No reference will be made here to the official aspects of the meeting which, later on, will be dealt with under the caption of *Notes from the National Office*. All that can be done now is to give a general impression of this important conference. It met in Hamilton for three crowded days and was given a royal welcome. The convener of the committee on arrangements was Miss Isabel MacIntosh which explains the smoothness and dispatch with which things moved along. The registration was large, and better still, representative of all the ten districts of old and new Ontario.

Another characteristic of this gathering was the emergence of several of our coming leaders. In fact the enthusiasm and the courage of youth was apparent throughout. The grace and tact of the various presiding officers, Miss Marjorie Buck, Miss Constance Brewster, and Miss Dorothy Percy, created the sort of atmosphere which gave dignity to the proceedings and the secretary-treasurer of the association, Miss Matilda Fitzgerald, performed her duties with her customary quiet efficiency.

Although there were not many formal addresses the programme was very crowded. Its substance was composed of the reports of the various committees which reflected an outstanding degree of activity during the past year. Space permits brief reference to only a few but, in subsequent issues, some of them will be discussed in greater detail. A report which was received with great interest was that of the Council of Nurse Education of which Miss E. Muriel McKee is chairman. Since this Council is charged with the responsibility of directing nursing education throughout the province its functions are naturally of crucial importance. Important developments may be expected shortly and comment at the present time might be premature. Miss Mary Millman gave an interesting account of the activities of the Ontario Study Committee on nursing education and Miss Edna Moore presented an admirable analysis of some aspects of proposed health insurance schemes.

The work of the committee to study the distribution of nursing service, of which Miss Isabel MacIntosh is convener, is not yet complete but the material already available shows that a statistical basis has now been assembled upon which it will be safe to build further plans. We hope before long to give fuller publicity to this important and original study. The clear and concise report, presented by Miss Ethel Cryderman, of the special committee appointed to study community nursing bureaus was received with great interest. This project is being energetically promoted and it is probable that the necessary funds will be obtained to put it into actual practice.

As always, at these meetings, one would have liked to have possessed a few extra astral bodies so as to be in three places at the same time. The sections of private duty, public health, and nursing education held their meetings concurrently and all of them appear to have been of outstanding interest. The feature of the meeting of the private duty section held

under the direction of the chairman, Miss Jean Church, was an excellent address by Miss May Jones on the "Status of the Private Duty Nurse." We are painfully conscious of how much we missed in not seeing a most amusing skit presented to the public health nursing section under the able direction of Mrs. Agnes Haygarth, chairman of the section but readers of the *Journal* will hear more of this later.

At an open meeting, Miss Margaret Jamieson, chairman of the nursing education section conducted a stimulating round table on "current nursing problems affecting all sections." The very title shows how rapidly old artificial barriers are being broken down. At an open meeting of the public health section a very fine contribution was made by Miss Mary McCormick, supervisor of public health nursing in the New York State Department of Health. Miss McCormick discussed the development of community, maternal and child health services from a number of angles and the *Journal* is to have the privilege of publishing her address in full. It is always a pleasure and a privilege to have the collaboration of our colleagues in the United States. At the second session of the private duty section Dr. John R. Parry of Hamilton gave an outstanding address on "How the private duty nurse can best serve today." As this will also appear in the *Journal* it will not be commented upon further at this time. To any one who knows the extraordinary variety of the Ontario scene the reports of the various districts were full of interest. The following chairmen summed up the activities of their respective districts: Miss Mildred Walker for District One; Miss Alice E. Bingeman for Districts Two and Three; Miss Constance Brewster for District Four; Miss P. Beatrice Austin for District Five; Miss Florence Fitzgerald for District Six; Miss Louise D. Acton for District Seven; Miss M. Blanche Anderson for District Eight; Miss H. Elizabeth Smith for District Nine; Miss Vera Lovelace for District Ten. There was a lively rivalry between North Bay and Fort William and Port Arthur (jointly) for the honour of welcoming the next annual meeting. Both groups described the local beauties in glowing terms and the difficult choice was left to the incoming executive to decide.

One of the evening meetings took the form of a banquet at which a most amusing address was delivered by Mr. Louis Blake Duff, president of the Ontario Historical Society. On the second evening a symposium was conducted on the general topic of "Meeting the community's need for nursing service." This meeting was open to the public and was largely attended. Those participating were Controller Nora Henderson of the city of Hamilton, Dr. G. Harvey Agnew, secretary of the department of hospital service of the Canadian Medical Association, and the writer. Controller Henderson is not only a vivid and forceful personality but also a clear and witty speaker and gave an excellent presentation of the economic trends which affect nursing practice and education. Dr. Agnew, as always, displayed a sympathetic understanding of the problems with which we are confronted and indicated a possible way out of some of them.

Hamilton and hospitality are synonymous at any time and this occasion was no exception to the rule. A delightful tea was given at the Hamilton General Hospital; after a "scenic drive" the delegates were entertained by the Hamilton Health Association at the Mountain Sanitarium and a dinner in honour of the board of directors was given by the members of the executive of District Four. The Reverend Mother and the Sisters of St. Joseph's Hospital were hostesses at a reception at "Undermount"; this was a specially enjoyable affair although the Sisters had been kept waiting by the long

programme of the evening session which preceded it.

A number of the delegates had the privilege of attending Benediction at the Basilica of Christ the King. The great beauty of the building and the solemn rite itself were alike an inspiration.

A description of the meeting would be incomplete without a brief reference to the commercial exhibitors who have so faithfully lent their support to gatherings of this kind. Among them were the following: Ayerst, McKenna & Harrison; J. F. Hartz Co. Ltd.; Ingram & Bell Ltd.; Johnson & Johnson Ltd.; The Macmillan Company of Canada Ltd.; Vi-Tone Company; A. Wander Ltd.; G. H. Wood & Co. Ltd.

This brief sketch, hurriedly prepared, is only intended as an introduction to further publicity concerning this notable occasion. We shall hear more of "Action in Ontario."

MISS IMRIE OF THE J. H. H.

ETHEL M. McCALLUM, Quebec, Que.

In the resignation of Miss F. L. Imrie after thirty-five years of faithful service, The Jeffrey Hale's Hospital has lost one of its pioneer nurses, who feel that she will be as great a loss to the community at large as she is to her hospital. Miss Imrie started her nursing career in 1889 in the original Jeffrey Hale's Hospital then situated on the Glacis Street and nursed there until 1901 when, the new hospital being completed, she took her three-years' course, graduating in 1904. She then took a surgical course in the Post-Graduate Hospital in New York and later held a position in the Sloan Maternity Hospital; subsequently she was in charge of the operating room in Bellevue Hospital, New York. In 1906 the McKenzie Building was added to The Jeffrey Hale's Hospital and Miss Imrie was requested to return to Quebec and to organize an obstetrical department which is now known as the Cameron Maternity Wing. She has held the position of superintendent of this department ever since and under her able supervision it has proved a great success. The graduates of the J.H.H. recently gave a reception in her honour, when Dr. Delaney and Dr. Carter both paid tribute to her valuable work. Mrs. Barrow also spoke on behalf of the graduates who then presented Miss Imrie with a large Easter egg containing two government bonds, the presentation being made by Miss Barbara Kennedy, the two-year old daughter of one of the graduates. The medical staff presented Miss Imrie with a handsome handbag and the student nurses gave her a bouquet of pink roses. Miss Imrie's pleasing personality endeared her to patients and student nurses alike for she was ever ready to help and advise. We trust she may have many years to enjoy a well-earned rest and are pleased to know that she will remain in this city.

Miss F. L. Imrie

VICTORIAN ORDER OF NURSES FOR CANADA

It was recently our great privilege to attend, for the first time, the annual meeting of the Victorian Order of Nurses for Canada. The work of this Order, its distinguished leadership and its excellent professional staff are so much a part of our nursing scene that we, as nurses, are perhaps a little too inclined to take them for granted. For many years the V.O.N. has carried on, quietly and effectively, a continuing service to the people of Canada. Do we know as much about it as we should? The answer is in the negative and before long the *Journal* proposes to discuss the salient points of its organization, administration and functions.

In the meantime and by way of introduction, some general impressions of the annual meeting may be of interest. At the outset, the observer was struck by the national scope of this enterprise. Representatives, both lay and professional, were in attendance from all parts of Canada and men and women in many walks of life actively participated in the programme. Two factors of profound significance were constantly apparent: first that the Order itself is something more than the sum of its constituent parts and, second, that here, more than in any other Canadian nursing activity, there is close contact with the community which the Order serves.

It is not easy to define the Victorian Order in terms of a national entity. The influences which have made it so are somewhat intangible. The Governor-General spoke of it as, in some sense, the child of Government House so far as its early beginnings are concerned. Certainly it stems back to the order of the Queen's Nurses in Britain. But that is not all. There seems to be a growing understanding on the part of various local committees of the value of the sound advice and competent supervision afforded by the chief superintendent, Miss Elizabeth Smellie, and her assistants at headquarters. They must have been encouraged and gratified by the tributes paid them by lay representatives from all parts of the country. The nurses of the Order have always recognized the importance of expert direction and now the lay boards are coming to see that there need be no sacrifice of autonomy but rather a pooling of resources as a result of close contact with the Central Office.

Even more far-reaching in its possible effects on nursing practice and education is the close relationship which the Order has consistently maintained with the community it serves. On its directorate, national and local, all parties to the contract are represented. The community, the individual patient, the physician and the nurse meet together to plan the day's task. It may well be that the Victorian Order may serve as a model of that "house of the interpreter" of which nursing at large stands in such need. The symposium which was one of the most interesting features of a crowded programme is a case in point. Just read over the titles of the five-minute addresses: the patient; the physician-health officer; the hospital administrator; the insurance company; the social worker; the clergy; the board member; the legislator; the newspaper; the nurse herself. Each speaker shed a different light on the Order and its responsibilities and relationships. There is no vacuum of "professionalism" here. As a matter of fact only two nurses took any part in the discussion, yet attention was concentrated on nursing service as it now is and as it ought to be and might become.

The presence at the meetings of a number of men and women prominent in political and professional circles gave added dignity and importance. Foremost among these were His Excellency the Governor-General and the Countess of Bessborough who throughout their term of office have spared no effort to encourage and assist the Order in every pos-

Institute of Public Health
Faculty of Public Health of the

sible way. Senator Cairine Wilson not only contributed to the programme but also extended most gracious hospitality as did Mrs. R. L. Blackburn, convener of the advisory committee on nursing.

The Honourable D. M. Sutherland, Minister of Pensions and National Health was the guest speaker at the delightful luncheon tendered the delegates by the President of the Order, the Right Honourable George P. Graham. Upon another occasion Dr. George M. Weir, Provincial Secretary of British Columbia, always a good friend of nurses, demonstrated his continuing interest, especially in our educational aspirations. The general secretary of the Canadian Medical Association, Dr. T. C. Routley, spoke of the trend of professional responsibilities and other prominent physicians contributed to the various discussions.

Perhaps, after all, the Governor General best expressed the concensus of opinion when he said: "In these days an organization of this sort does infinite good. You have, in Senator Graham one of the finest presiding officers I have ever met, and in Miss Smellie, a directing genius. I feel that all is well with the Order, and that it always will be."

Correspondence

The Land of Cherry Blossom

Miss E. Frances Upton, under whose direction Miss Kathleen Butcher took her post-graduate course in the nursing of tuberculosis, has kindly given the *Journal* permission to

quote from her letter and to publish this charming picture of a group of Japanese nurses who were members of the sanitarium nursing staff at Shinsei Ryoyogo, Obuse Mura, Shinsu:

"Things are going very nicely here after our first year or two of difficult beginnings. One of our medical staff, Dr. Ito, was born in Montreal, but returned to Japan when quite young and took his medical course at Osaka Imperial University. He speaks English fluently and understands our "foreign" outlook. St. Luke's Hospital, which is associated with the American Episcopal Mission in Tokio, has been most co-operative and one of their surgeons comes here to do phrenectomies. We have also been asked to arrange for some experience in tuberculosis nursing for the nurses connected with their public health department. We give our own staff nurses, all of whom are graduates, a three-months' course in theory and practice. We also have ward helpers who answer bells and assist in other ways. We have started an extension to our building which will bring our capacity up to eighty. Most of our accommodation is used for male patients, for men are much more important than women in this land."

Miss Butcher will soon be returning to Canada on furlough.

THE EDITOR'S DESK

March of Events

The past few weeks seem to have been crowded with important developments in the nursing world. First in importance is the presence, as observers, of representatives of the Canadian Nurses Association at the conference of the federal and provincial Ministers of Health of the Dominion of Canada. The official announcement will be found under the caption of *Notes from the National Office* and its great significance should not be overlooked.

The future policies of the Nightingale Memorial Foundation will be discussed in London in July when Miss Gunn will represent the Canadian Nurses Association. The award of the scholarship offered by that association has been made to Miss Gladys Sharpe, a graduate of the School of Nursing of the Toronto Western Hospital. Further particulars concerning her career will be found in *Notes from the National Office*. The best wishes of the *Journal* are extended to this excellent representative of our young leaders.

Reader's Guide

If you are ever inclined to doubt the friendly attitude of the members of the medical profession toward our aspirations to higher educational standards just read "Entente Cordiale" and take heart of grace. △ Miss Dorothy Riddell, head nurse in the surgical division of the Toronto General Hospital, gives a clear and concise description of the nursing care of lobectomy. △ No matter what province you may be privileged to live in, it will be good for you to know what the provincial associations are doing in British Columbia and Ontario. Ideas and policies have a way of leaping over provincial boundaries now and then in a rather surprising manner. △ The interim report of the Curriculum Committee will bring you up-to-date regarding the accomplishment of a hard-working group. △ How do you like the "curve" of the School of Nursing in the Alexandra Hospital, Edmonton? We were thrilled to see that *The Canadian Nurse* is the road map which guides the way into the future. △ Dr. Barrie Coward's articles on "The Nervous Child" have been reprinted in several daily newspapers, with due credit to the author and to this *Journal*. This is the sort of publicity we like. △ We hate anonymous letters but we believe in putting one to work occasionally. Look at the Department of Private Duty Nursing. △ There are certain events and ceremonies which have their natural setting in Ottawa. One of these is an Investiture and another is the annual meeting of the Victorian Order of Nurses. We have not captured the subtle atmosphere—but we did experience it. △ Not long ago a clergyman in the city of Montreal, instead of delivering his usual sermon, read to his congregation from the pages of *The Canadian Nurse*, "The Care of Life" by the late Dean Ira MacKay of whom it may once more be said that "*he, being dead, yet speaketh.*"

The Jubilee Medals

Among the ten thousand Canadians upon whom this medal has been conferred there are many nurses. Unfortunately, at the time of going to press, it has not been possible to obtain a full and authoritative list and we shall therefore be grateful to the various Alumnae Associations and other nursing organizations if they will kindly send in the names of members thus honoured. Some organizations have already done so and these lists will be found in this issue under the appropriate regional heading in *News Notes*. It will be a source of pleasure to our readers to learn that the Executive Secretary of the Canadian Nurses Association, Miss Jean S. Wilson has received this well-merited decoration.

INVESTITURE

Following an ancient and stately ritual, the Governor-General of Canada presided at the investiture of Knighthoods and other honours conferred on Canadians, named in the New Year's list, by His Majesty the King. This ceremony took place on May 3, in the ballroom of Rideau Hall. It will be remembered that three outstanding nurses, Jean Isabel Gunn, Mabel F. Hersey and Jennie Webster were made officers of the Order of the British Empire and all three were happily able to be present and to receive their well-deserved honours in person.

The ceremony itself was one of great simplicity and dignity. Those actually taking part were seated on one side of the room with their relatives and friends on the other. The appearance of the splendidly uniformed Guard of Honour gave the signal that his Excellency and the Countess of Bessborough attended by their suite were about to enter and the company remained standing until they had taken their places on the dais. In order of their precedence, the men and women honoured by the King were then presented to his Excellency and, one by one, approached the dais in order to receive their awards. Among them were distinguished members of the legal and medical professions, gallant soldiers of many ranks, civil servants, men of letters, and the mayors of two of the proudest Canadian cities. Three nurses also were made free of that distinguished company and bore themselves in a manner worthy of the occasion.

The room was very quiet—there was no applause—nothing but the tense interest of those who watched the long procession. By looking at the eager faces one could tell to which candidate the onlookers "belonged." When Captain Baker, director of the Canadian Institute for the Blind, himself blinded in the Great War, received his decoration, the glowing faces of his two boys showed how proud they were of the honour their father had won at so great a price. Presently our own moment came—for we Canadian nurses feel that Jean Gunn, Mabel Hersey and Jennie Webster "belong" to us all, even though they are the special property of the great schools of nursing and of the hospitals they have so faithfully served. They accepted their honours with the modesty and quiet dignity which are characteristic of them. Nursing may well be proud of its representatives.

At the conclusion of the ceremony his Excellency and the Countess of Bessborough entertained at a delightful reception and at this point we think we ought to be permitted the frivolity of a fashion note. All three to whom we specially "belong" looked exceedingly well, for each had chosen a simple and becoming black and white ensemble and extremely smart hats.

There is a significance in a ceremony of this kind to which we should not be blind. It is not just a matter of titles and honours—it is a royal recognition of unselfish service courageously and generously given without desire or expectation of material reward.

Their glory is not graven on stone but lives on far away without visible symbol, woven in the stuff of other men's lives. For you now it remains to rival what they have done.—Pericles.

Department of Nursing Education

HOW THE CURRICULUM STANDS

MARION LINDEBURGH, Convener, Standing Committee on Curriculum.

Since the organization of the Standing Committee on Curriculum, progress reports have appeared in *The Canadian Nurse* from time to time. The last report was published in December, 1934, and summarized the results of the first curriculum study; it also indicated the trends in thinking in connection with the fundamental administrative and teaching problems relating to nursing education in Canada.

Since the completion of this study, a second has now been completed which is concerned with details relating to the curriculum itself and deals with education in both the class room and the clinical field. This study was participated in by members throughout Canada who are actively engaged in class room and clinical teaching. Further contributions have also been made by members of the staffs of selected schools of nursing under the direction of the principals. This co-operation has been greatly appreciated and now that the analysis stage is completed, the convener would like to thank all members and groups for the whole-hearted co-operation which has been shown in this national enterprise. This Dominion-wide participation will be of great assistance in guiding the Committee in answering three important questions:

1. What are the functions of a nurse in a modern community and what is her relationship to other workers who are serving the public?

2. What should be included in the curriculum by way of theory and practice in order to qualify her to fulfil these functions effectively in the general practice of nursing?

3. How would the necessary experiences be organized, what methods are to be employed and how long may it take to secure the best results?

The Curriculum Committee is now in a position to begin the actual formulation of the curriculum and a tentative outline of the book itself has been planned and a rough draft of the opening chapters, dealing with the fundamental aspects of a good school of nursing, has been prepared. These were presented at a meeting of the Montreal group, and the members present, including several physicians and hospital administrators, discussed them thoroughly from several angles. In the light of the suggestions and criticisms which were made, the rough draft was revised and has now been sent out to all active members of the committee for further criticism. After all comments have been received, a second revision will be made. This plan will be adopted in regard to the writing of all chapters of the book, and although time consuming, should, from the point of view of the curriculum itself, bring the best results, because it will reflect the opinions of experienced members throughout Canada.

The personnel of the Standing Committee on Curriculum has grown from the original five members, appointed in 1932, to forty-eight, twenty of whom serve in an advisory and consultant capacity and twenty-eight as active members. Every field of nursing service and education is represented and physicians, educators and hospital administrators take an active part in the work of the committee. The present membership is as follows.

Advisors and Consultants

Miss Evelyn Allen, registrar, Central Registry, Ottawa; Reverend Mother Audet, chairman of committee on nursing, Canadian Hospital Council; Reverend Sister Augustine, Directrice de l'Ecole, Hôpital St. Jean de Dieu, Gamelin; Dr. F. Clarke, professor of educa-

tion, McGill University; Miss Kathleen Ellis, superintendent of nurses, Winnipeg General Hospital; Miss Ethel Fenwick, superintendent of nurses, University Hospital, Edmonton; Miss M. F. Gray, assistant professor of nursing, Department of Nursing and Health, University of British Columbia; Miss M. Hall, assistant to the Chief Superintendent of the Victorian Order of Nurses, Ottawa; Dr. A. K. Haywood, superintendent, Vancouver General Hospital; Miss Laura Holland, director of Child Welfare Association, Vancouver; Miss Margaret Kerr, instructor of public health nursing, Department of Nursing and Health, University of British Columbia; Reverend Sister Krause, superintendent of nurses, St. Boniface Hospital; Miss Edna Moore, chief nurse, Provincial Department of Health for Ontario; Miss Ruth Park, chief dietitian, Montreal General Hospital; Miss Anne Slattery, Provincial Department of Health for Nova Scotia; Miss Elizabeth Smellie, chief superintendent, Victorian Order of Nurses, Ottawa; Dr. D. A. Stewart, superintendent, Manitoba Provincial Sanitorium; Miss Mildred Walker, chief of division of study for graduate nurses, Institute of Public Health, University of Western Ontario; Dr. Robert C. Wallace, president, University of Alberta; Dr. George Weir, director of the Survey of nursing education in Canada.

Active Members

Reverend Sister Allard, Hospitalière-en-chef, Hôtel Dieu de St. Joseph, Montreal; Miss Martha Batson, instructor, Montreal General Hospital School for Nurses; Miss Esther Beith, executive director, Child Welfare Association, Montreal; Miss Gertrude Bennett, superintendent of nurses, Ottawa Civic Hospital; Dr. E. P. Benoit, University of Montreal; Miss C. E. Brewster, superintendent of nurses, Hamilton City Hospital; Mr. W. R. Chenoweth, superintendent, Royal Victoria Hospital, Montreal; Miss W. Chute, instructor, School of Nursing of the University of Toronto; Miss Florence Emory, School of Nursing of the University of Toronto; Miss Grace Fairley, principal and director of nurses, Vancouver General Hospital; Miss Nettie Fidler, superintendent of nurses, Ontario Hospital, Whitby; Miss Eileen Flanagan, supervisor, Montreal Neurological Institute; Dr. Grant Fleming, professor of public health and preventive medicine, McGill University; Miss Jean Gunn, superintendent of nurses, Toronto General Hospital; Miss Mabel K. Holt, superintendent of nurses, Montreal General Hospital; Miss Ethel Johns, editor, *The Canadian Nurse;* Miss Marion Lindeburgh, director, School for Graduate Nurses, McGill University, and convener of the Standing Committee on Curriculum; Dr. J. C. Mackenzie, superintendent, Montreal General Hospital; Miss Isabel MacIntosh, private duty nurse, Hamilton; Miss Mary Mathewson, assistant director, School for Graduate Nurses, McGill University; Dr. J. C. Meakins, Professor of Medicine, McGill University; Miss Margaret Moag, district superintendent, Montreal branch, Victorian Order of Nurses; Miss E. Nora Nagle, head of teaching department, School of Nursing, Royal Victoria Hospital, Montreal; Miss Marion Nash, educational director, Montreal branch, Victorian Order of Nurses; Miss A. Schiefele, instructor, School of Nursing, Hamilton General Hospital; Miss Ruby M. Simpson, president, Canadian Nurses Association; Miss Eugenie Stuart, teacher of clinical nursing in the School of Nursing, Toronto General Hospital and in the School of Nursing of Toronto University; Miss E. Frances Upton, executive-secretary-registrar and official school visitor, Association of Registered Nurses of the Province of Quebec and secretary to Standing Committee on Curriculum.

STEPPING STONES

We learn from *The British Journal of Nursing* that an entertainment entitled "Stepping Stones" was recently staged at the Florence Nightingale International House with great success. The cast was composed of twenty-one members of the "Internationals, 1934-1935," and the producer was our own Canadian student, Miss Christine Murray. The amusing skit is described as being "without a single false or indiscreet allusion although national idiosyncrasies did not escape." Other features were national dances by a Turkish and a Scottish student. A substantial sum was realized which is to be given to the Nightingale Memorial Fund as a token of appreciation on the part of the student group.

HISTORY COMES TO LIFE

The Class of 1937 (Section 2), Royal Alexandra School of Nursing, Edmonton, Alta.

Our course in the history of nursing was introduced by a lecture including lantern slides and interesting legends which were used judiciously and most successfully to stimulate interest in the subject. An explanation of the outline to be followed was given and the instructor organized in chronological sequence, the outstanding ideals, advancements, and figures in nursing history from primitive peoples to the present time. Her aim was to present the whole course as a class project.

To develop this idea, at the conclusion of each class period, an assignment of five or more topics was posted. A student chose one, signed her name opposite to it and prepared, in essay or outline, the material to be presented at the next class. In the next and succeeding periods the papers were read by the students, interesting discussion followed, and they were handed in to be graded by the instructor. Each student was required to write on at least three topics during the course. The eagerness with which the topics were chosen and signed for was proof of the interest on the part of the students.

To complete the project the class was given the choice of a final examination or the presentation of a pageant. Naturally it chose the latter, thus showing that the aim had been realized. The end papers of the third edition, "Short History of Nursing," by Dock and Stewart, depicting the "Curve of Nursing," formed the basic idea for the pageant.

The class appointed a committee of three to confer with the instructor in choosing the characters to be portrayed, assigning these to the students together with the general planning of costuming and staging. Each student prepared the most interesting and outstanding material

The conception of the Curve of Nursing History as here portrayed was inspired by the end papers of "A Short History of Nursing" by Lavinia Dock and Isabel M. Stewart. The striking design is the work of Miss J. H. Stewart.

on the character she represented. These notes were condensed and arranged in logical order to be read during the presentation of the pageant. The reader was dressed to represent the "Spirit of Nursing" as depicted by the central figure of the Nurses War Memorial in the Parliament Building, Ottawa. As she read the description, each figure posed as in a picture, with the exception of Florence Nightingale, who was posed as in a well-known statue. The effect of the picture frame in which each posed was produced by using a fairly large, deep doorway, with a dark velvet curtain as a background, and having coloured flood lights thrown on the figures. The result was quite effective.

The characters in order of their appearance were: A primitive mother; the Goddess of Health, Hygeia; a Greek priestess; early Christian deaconess; a Roman matron, Fabiola; an abbess; a barber surgeon; contagious disease visitor; a Knight Hospitaller; a Béguine; a Franciscan friar, St. Francis of Assisi; St. Elizabeth; a Brother of Mercy; a Sister of Charity; Jeanne Mance; a secular servant nurse, Sairey Gamp; a Kaiserwerth deaconess, Freiderika Fliedner; Florence Nightingale; an early Canadian nurse from the Mack Training School, St. Catharines; a Canadian military nurse; a public health nurse of the Victorian Order of Nurses; a modern student nurse.

At the conclusion of the individual poses, all the characters were so posed as to form the "curve," beginning with the primitive mother and ending with the modern student nurse, holding in one hand a copy of *The Canadian Nurse*, and in the other a question mark, significant of the heights yet to be attained in nursing.

The pageant was presented before the Edmonton Division of the Nursing Education Section of the Alberta Association of Registered Nurses and later repeated for the students of the school, their friends and visiting students from another school of nursing.

ON THE ISLAND OF BARBADOS
(*Courtesy of the Canadian National Steamships*)

Department of Public Health Nursing

THE NERVOUS CHILD

N. BARRIE COWARD, M.D., Halifax, N.S.

Negativism

This state is apt to appear in all children who are directed or urged too much, where control is active but ineffective, where reproofs, appeals, and unheeded expostulations are constantly passing from the mother to the child, and where the mother does not hide from the child the anxiety and distress which his conduct causes. In response to this charged nervous atmosphere the child develops the negativistic attitude. This will be most marked when he encounters the greatest emotional tension in his mother and when he knows his persistent refusal will cause the greatest distress. It is a state of mind in which the child has an uncontrollable tendency to do what he ought not to do and to leave undone what he ought to do, with the result that there is no health left in him. Appeals not to get his feet wet will lead him to walk through every puddle in the street; if mother wants him to wear his heavy overcoat he wants his light one or none at all; if we put him in his go-cart he wants to walk; when he is allowed to walk he wants to go in the go-cart. He demands what we have not got, and what we have he refuses, and so the battle goes.

In young children negativism is not to be regarded in the same light as similar states in the adult. The negativistic child is not really a naughty child, even though his opposition to requests grows with all counter opposition. He is really only irritable and restless from the too frequent thwarting of his natural impulses together with his inability to express his thoughts and desires. It is not a serious state though most annoying and perplexing for the mother. She becomes worried, tries to get her son to do things, at the same time apprehensive in her own mind that he won't and this all goes to make the negativism worse and to prolong it. As we said before, it is really the response to attempts at control which are at once ineffective and persistent. No child who is being continually upbraided can respect himself.

Negativism is an exhausting process, and to cure it there must be both a tightening and a relaxation of discipline. Those in charge of the child must pass into the background and allow him free play. Appeals and threats must be entirely done away with. The situation must be explained to the mother, and she must cease to be apprehensive. At first let the situation be reversed, and let the mother do the "no-noing", and then, as the child improves, point out and emphasize his good qualities and successes. The line of discipline must be drawn somewhere, but this should be as low as possible, and once drawn, must be rigidly adhered to, and under no circumstances be allowed to waver. As the child approaches nearer and nearer to this limit, no threats must be used, and no attention paid to him, but once punishment is deserved it must descend irresistibly on the offender.

Lack of Appetite

Anorexia, apart from being the direct result of other forms of mental exhaustion, is one of the commonest faults exhibited by the child who lives in an atmosphere of nervous tension and unrest. Closely allied to it are dyspepsia and vomiting. This triad of symptoms is indeed formidable and is used by the child to evoke the emotional outbursts which satiate his power and make him the storm centre. We all know the part the men-

This article is the third and last in a series, the first and second of which appeared in the March and April issues of this Journal.

tal attitude plays in the normal digestive processes—how such states as anger, grief, excitement, worry, undue stress and strain are all connected with a diminished appetite. If this is true in adults, it is very much more so in childhood, where the mind is so unstable and yet so highly developed. In childhood the resultant symptoms are likely to be more frequent and of greater intensity than in later life.

Most of the troubles associated with eating difficulties arise when additional foods are added to the diet. Injudicious comment in front of the child, or force at this stage is unwise because it draws his attention to the article of food in question. It is also unwise to coax by telling him how lovely it is, for this only makes him more apprehensive. Saying nothing, but quietly offering the same food to him on repeated occasions, with the confident idea that he will take it, and not the doubtful one: "Well, I suppose he will refuse it again" will lead to his surprising you by eating it. This is due to the child's susceptibility to suggestion which, as we said before, is very acute.

Other predisposing causes are delay in teaching him to feed himself, because the mother thinks it quicker to do this herself. Similarly, there is delay in learning to masticate, or the accidental fit of coughing which may follow the swallowing of solid food and over which the mother becomes alarmed. Of these predisposing factors the strongest is that force which results in negativism, which is in reality the habit of opposition, the love of power and the desire to attract attention. It is inevitable that haranguing and "no-noing" during the hours preceding meals will mean that the child will "no-no" his meals. It is natural to be more irritable just preceding meal times, a feeling which is replaced by one of contentment after the meal. Thus the child's irritability is increased, and with the increase there is increased opposition, and so the negativistic phase is often most marked at meal hours.

Sometimes, with older children, the meal is eaten mechanically, so that the psychic changes in the stomach are notably absent as a result of the mental irritability and unrest. In these cases gastric pain or vomiting is likely to follow eating. In the worst cases this nervous vomiting will follow every meal. It is often difficult to associate the mother's history with the physical condition of the child. These children appear to suffer no nutritional disturbances, in spite of the history of repeated vomiting and lack of appetite. This fact really forms the chief difference in distinguishing nervous anorexia from that of organic origin. There is no doubt that many of them eat on the sly when there is no one around and, at these times, show that there is nothing wrong with their appetite nor are they afflicted with the usual post-mealtime vomiting.

When confronted with such cases it is often best to have the child fed by himself, away from the family table, where the conversation is liable to be distracting, and where refusal to eat certain foods is likely to set up a storm of howling and protests which will only serve to increase his nervous unrest by thwarting him. Such children will often eat a satisfactory meal by themselves in the kitchen, whereas if allowed to sit at the table they would eat practically nothing. Dr. R. Hutchison has a verse which he uses in his lectures on nervous anorexia to students at the London Hospital, which sums up this attitude admirably:

There was a young lady named Maud,
Whose friends considered her a fraud,
For to eat at the table,
She didn't seem able,
But out in the kitchen, O Lord!

What are we then to do for these children? Once the diagnosis of nervous anorexia or vomiting is made the treat-

ment is clear. Such drugs as tonics, appetisers, laxatives are useless. Sedative drugs, with the aim of quieting the nervous system, may be useful. There is no necessity of regulating the diet—in fact leaving out this food or that is only likely to delay the cure by attracting the child's attention to it. A permanent cure can only be effected when the faults of the environment have been overcome, when the cause of the nervous unrest has been removed, and when the child's mind is at peace. Therefore, our first attention is turned towards the mother and the situation fully explained to her. She must banish her fears and apprehensions, calm the troubled mental atmosphere, and show no concern about the child's vomiting and lack of appetite. Once the child is convinced that his conduct does not excite any interest, the symptoms soon disappear. When negativism is at the bottom of it, then reversing the suggestion helps. Tell him he is eating better, his appetite is improving every day; even take his plate away from him, once or twice, telling him he has eaten enough. At the same time be aloof, and practise this aloofness not only at meal times, but at all times.

One thing more, when serving food to these children do not heap their plates with food. Small helpings, with second helpings, if wanted, offer a stimulus to improving the diet, whereas piled-up helpings at once fill the child with the idea that he can't eat all that—a stimulus working in the wrong direction. There should also be a definite time limit for meals and, if the child has not finished his meal within the allotted time, the plates should be removed in a matter of fact way, and nothing said to the child about being slow or about his appetite.

Refusal of Sleep

This habit is nearly as common and distressing a habit as the refusal of food, and the underlying causes are much the same—the two principal ones being the child's susceptibility and his love of the negativistic attitude. Very often this fault begins with the most tactful mothers or nurses and in spite of well laid plans. As a general rule, the hour before bedtime is the nicest of the whole day for the child. He is all dressed up in his best clothes, and the centre of the picture in the drawing room. Now, if he is suddenly snatched out of this and whirled upstairs to bed, it is not surprising that the child screams and resists. He strenously objects to this sudden termination of his pursuits. The child's mind is slow to act and to accept a less desirable situation. Time must be given for him to accommodate himself to the new situation. One can usually turn his interests to things upstairs, so as not to make the difference so noticeable, and provoke opposition. It is very unwise to "shoo" these children off to bed. If we are not careful there are tears and struggling and then a repetition of this for a couple of nights fixes the idea in the mind of the child that sleep or bed-time is the signal for opposition and tears.

Sleep is produced by suggestion and is a passive state in many cases difficult to assume. Let us see then that mothers are always careful about talking in front of their children of the troubles of going to bed, or what poor sleepers they are; rather let their suggestions be the opposite, thereby aiding the suggestive power of sleep. In the nervous child, his mind is usually teeming with the activities of the day, and it may take some time to quiet him down. It is not always wise to turn out the light and shut the door immediately they are in bed as this is likely to start a fit of crying. Concerning this problem, and that of children who invariably cry as soon as they are put into bed, no hard and fast rule can be laid down. One must first of all distinguish between the purposeful and wilful crying of a child, who is crying merely for attention or for some object, and

that of the emotional crying of a child whose mind is irritable and not at rest. These children often cry because they cannot stop when once they have begun. Their overwrought emotions, the result of the happenings of the day, often break down at this time. There are not many mothers who hear this pitiful sobbing who do not go to console their child. As a result the impression becomes more firmly fixed, and the greater will be the stimulus the following night.

Habit Spasm

This problem, together with lack of appetite and the refusal of sleep, form the three most common behaviour problems in childhood. Habit spasm is seen most often after the age of five years, but may be marked as early as the third year. A habit spasm is a constant repetition of an action which was originally designed to produce one definite result, but which has become involuntary, habitual, and separated from its original meaning. Examples of habit spasm are: twitching of the mouth, swallowing, elongating the upper lip, biting the lips, wrinkling the forehead, blepharospasm, the nervous cough, and so on. Whatever the intensity, such involuntary and habitual movements should not be overlooked, and should be regarded as evidence of mental unrest. Many of these habit spasms have a logical beginning and are associated with some definite organic disorder, but by frequent repetition become uncontrolled. Imitativeness and susceptibility are usually connected with this disorder, the former with the beginning, the latter with the persistence of the habit. Persistent nagging at the boy or girl with a habit spasm is disastrous, for the more he is reproved or entreated the harder does he find it to control. The child has lost control, and unconsciously looks to his mother and family for support only to find dismay, apprehension, and a feeling of hopelessness. This only serves to increase his realization of his lost control, which in turn makes the habit spasm worse. Let the mother and family treat the whole business in a matter of fact way, realizing that it is only a temporary upset, and the condition will usually disappear in a short time.

Behavior Problems

There are many forms of behaviour problems such as pranks, foolhardiness, abnormal naughtiness, timidity, anxiety, fears, bad temper, temper tantrums, masturbation, breath-holding spasms, stammering, eneuresis, and so no. These problems, in many of their forms are rather disorders of personality than of intellect, and are admittedly susceptible of control through external influences to a degree that intellectual capacity is not. We must try to understand our children, not with the adult mind, but with the child's mind; we cannot expect him to reach the standards set by the adult mind. We must not be afraid of our children, as is so evident in homes where the little girl says, "Do it now, if you don't, I'll cry", or "I'll go into one of my furies." Home must not be a dictatorial institution, but one where everyone shares its pleasures, sorrows, and responsibilities. By judicious training and handling of their children parents will soon make them realize that parental decisions are wiser and better.

Children live only for today. Their joys and pleasures, disappointments and sorrows, and all the various ups and downs are not projected into the future. It is today, this hour, this minute, that is all important to them and they are not concerned with tomorrow. In closing I would like to quote the following lines from Emerson, which sum up practically all I have said: *Respect the child. Be not too much his parent. Trespass not on his solitude.*

Department of Private Duty Nursing

WHAT DO YOU THINK ABOUT IT?

It is not the policy of the *Journal* to take any notice of anonymous letters and they are usually committed to the wastepaper basket where they rightfully belong. However there are exceptions to every rule and the following communication is printed because it was written by a person not herself a nurse, and is a classic example of the fallacies concerning nursing practice and education which are today so prevalent not only among the laity but among nurses themselves. Nevertheless some of the ideas put forward are worthy of consideration and for that reason, and because it gives an insight into the lay point of view, we are breaking one of our strictest rules:

I was at the R.N.A.O. meeting this evening and enjoyed it, but feel as I have always felt during these years of depression, that the nurses are not facing the facts or coming down to a common sense position and, by not doing so, are not bringing themselves to face the problem, of a needy public and a number of unemployed nurses. I am one of the people, and I am not signing my name as it would mean nothing to you, but I feel you do not yet face the real problem, which is simply this. Even our wealthy people, owing to non-payment of dividends or great loss of income cannot afford to pay $35.00 a week or $5.00 a day for nurses very long, and with the great rank and file it is an utter impossibility. Fifteen or twenty years ago nurses got from $18.00 a week, then $21.00, then $25.00, and down in Montreal a few years ago they raised their rates to $6.00 per day. Even our best doctors said it was extremely foolish, but it was passed, and since that time people who often had a nurse for a very trivial illness began to do without and found it much cheaper to go into a hospital or have a practical nurse. Nurses get their three years' training at the expense of the public, not paying for their lectures or tuition and get their board, washing and pocket money besides, and gain a wonderful amount of knowledge useful to them all their lives, even if they do work hard. A teacher has to go to school a long time, buy books and pay board if from an outside place and spends a year at Normal at great expense. There are today six hundred teachers receiving only $500.00 a year, out of which they have to pay their board and clothes and with compositions, examination papers at home, they work longer hours than most people think, yet the registered nurses have made no move to reduce their rates.

If a nurse worked even two weeks every month at $25.00 per week, it would be $50.00 or $600.00 per year, and they would get meals when working which would help out some, yet I have never seen any move on the part of nurses to meet the situation by reducing their rates, even though food and clothes are cheaper than for years. Twenty years ago they managed to get along on $18.00 or $25.00 per week. It would be easy enough to raise their rates when times improved, but why did they not meet the situation at once like other people have? I venture to say that had they done so three years ago, there would not be many unemployed. When you look the facts in the face can't you realize the terrible burden having an illness is to almost every one but the few wealthy ones? At a hospital to have two nurses and board them costs about $80.00 per week besides the room and at home the same, and very few even wash up the patient's dishes, and if the mother is ill, extra help is necessary to cook for the nurse.

I know right now of two cases—one man who had a great deal of money but hard hit, and who has had two nurses for a long time, but can't go on at the price, so is looking for a man to look after him, dress him, go driving and take the place of a day nurse as he does not need expert attendance. If nurses were not so expensive no doubt he would keep two on, and it would be a lovely home, but it costs too much. Do you see the point?

This eight-hour shift is not filling the bill, for the doctors say it is disturbing to the patient to have three different nurses in twenty-four hours, all doing things differently. It just means that people are having nurses by the day instead of the week, and the nurses are not getting the work simply because their rates are far too high. It would be a thousand times better to be keeping themselves in practice than waiting for a case. I know another case where a person needs a nurse all the time. They had two for a while but as registered nurses cannot cut their rates,

they engaged a married woman who had been a nurse but not registered. She offered to take twenty-four hours duty at $25.00 per week and gets three hours off every afternoon and, as her husband is out of work, thinks it is a perfect godsend. If nurses were asking $25.00 per week as they used to there would be more long cases for some registered nurses. The truth is practical nurses and non-registered nurses are getting the work. I am a householder and have had many nurses in the years I have lived here, and with a not too large salary found it all we could manage when we had to have nurses a good deal for a sick relative at $18.00 and $25.00 per week. When my son was ill with appendicitis, it cost us $18.00 per week for two nurses and the board of one at the hospital room, operating room and doctors' bills; it cost us well on to $500.00 for a month's illness. People can't do it. There are not enough sick people anywhere to keep them employed. Why not face it at once instead of beating around the bush?

—A HAMILTONIAN.

Book Reviews

RATS, LICE AND HISTORY, by Hans Zinsser. McClelland and Stewart, 215 Victoria St., Toronto. 301 pages. Price, $3.00.

This book is described on its title page as: "being a study in Biography, which after twelve preliminary chapters indispensable for the preparation of the lay readers, deals with the life history of typhus fever." The author, Dr. Hans Zinsser, has spent his entire professional life in the study of infectious diseases. His interest in typhus, which began in 1915 in Serbia, has been—despite interruptions—continued since that time. He has followed the disease about in various parts of the world, including Russia and Mexico, and for the last five years has devoted himself almost exclusively to laboratory and field studies dealing with animal reservoirs of the virus, and modes of transmission. He has experimented with the development of a protective vaccine, and of serum treatment.

Dr. Zinsser looks upon typhus and other infectious diseases as "biological individuals which have lived through centuries, spanning many generations of men and having existences which, in their developments and wanderings, can be treated biographically."

It is refreshingly new and stimulating to be given an opportunity of studying a disease in relation to its economic, political and social effects. Nurses have always been in a position to appreciate the importance of infectious disease as a factor in warfare but very few of us realize the extraordinary part it has played in the rise and fall of civilizations. The pungent wit and the charming literary style of this book lighten its remarkable erudition and make it delightful reading. Every nursing school library should possess this book. It is invaluable as collateral reading.

"WHAT YOU SHOULD KNOW ABOUT." This excellent series of popular handbooks, prepared under the general editorship of Dr. Grant Fleming, is published by the Macmillan Company of Canada. Two have already appeared, one dealing with "Cancer" and the other with "Economical Cooking." A third, entitled "Your heart", will appear shortly. The cost of each booklet is twenty-five cents. The series is sponsored by the Life Insurance Companies of Canada and has the approval of the health service of the Canadian Medical Association.

Notes from the National Office

Contributed by JEAN S. WILSON, Reg. N., Executive Secretary.

Federal-Provincial Health Conference

At the first conference ever held between the Federal and Provincial Ministers of Health of the Dominion of Canada, representatives of the Canadian Nurses Association were accorded the privilege of attending as observers. The Conference was held at Ottawa on April 25 and 26, 1935. The delegation from the Canadian Nurses Association consisted of Miss Jean I. Gunn, representing the President, who was unable to attend, Miss Elizabeth L. Smellie and the Executive Secretary. On the previous day to the opening of the Conference the C.N.A. deputation was received by the Acting Premier, Sir George Perley, and by the Minister of Health, the Honourable Donald Sutherland, M.D. During these interviews, Miss Gunn explained the purpose for which the delegation was in Ottawa at that time and laid before the Acting Premier and the Minister of Health, the Outline on Health Insurance and Nursing Services as prepared by a Special Committee of the Canadian Nurses Association of which the President is Convener. The Conference resulted in the decision for the appointment of a Royal Commission on which there will be representation from the medical and nursing associations, labour, financial and insurance interests. This Royal Commission will investigate the whole field of Canada's health services with a view to acquiring data on state medicine and health insurance.

International

At the request of the Executive Committee of the Canadian Nurses Association, Miss Jean I. Gunn will act as proxy for the President at the Interim Conference of the Board of Directors of the International Council of Nurses in July. Miss Gunn, who is a vice-president of the Grand Council of the Florence Nightingale International Foundation, will attend the Ordinary General Meeting of the Grand Council in London during the first week of July and will represent the Florence Nightingale Memorial Committee of the C.N.A. at the same meeting. At a recent meeting, the C.N.A. Executive Committee adopted a resolution that had been submitted with the interim report of the Florence Nightingale Memorial Committee to the effect that the C.N.A. incorporate in a report to the forthcoming meeting of the Grand Council of the Florence Nightingale International Foundation, the recommendations sent forward to that Grand Council in June, 1934.

Scholarship Award

The Florence Nightingale Memorial Scholarship, offered by the Canadian Nurses Association for the year 1935-1936, has been awarded to Miss Gladys Josephine Sharpe, on recommendation by the Scholarship Award Committee of the C.N.A. The scholarship provides for one year of study at the International Courses offered by the Florence Nightingale International Foundation in conjunction with Bedford College for Women and the College of Nursing and residence with maintenance at 15, Manchester Square, London, England. Miss Sharpe will join the Course for Nurse Administrators and Teachers in Schools of Nursing. For the past eight years Miss Sharpe has been science instructor in the School of Nursing of the Toronto Western Hospital. She spent a year at the School for Graduate Nurses, McGill University, where she obtained the Certificate for Teachers in Schools of Nursing. Miss Sharpe has served as chairman of the examination committee of the Centralized Lecture Course, Toronto, and is a member of the Province of Ontario Examination Board for Registration of

Nurses. In 1934 she was appointed convener of the Committee on Instruction of the Nursing Education Section, Canadian Nurses Association.

Forthcoming Meetings

The annual meeting of the Registered Nurses Association of Prince Edward Island will be held on June 11, 1935, while that of the Registered Nurses Association of Nova Scotia will be held in Halifax, on July 4 and 5, 1935. The National Conference of the Canadian Public Health Association in conjunction with the Ontario Health Officers Association, the Canadian Tuberculosis Association and the Canadian Social Hygiene Council, meets in Toronto, on June 3 to 5, 1935. The National Conference of Social Work meets in Montreal from June 9 to 15, 1935.

FLORENCE NIGHTINGALE MEMORIAL FUND

Additional contributions to the Florence Nightingale Memorial Fund have been received as follows:—

Alberta	
Miss Janet McGowan, Fairview Hospital, Fairview	$ 2.00
A.A. Holy Cross Hospital, Calgary	10.00
A.A. Public Hospital, Lamont	10.00
Graduate Nurses Association, Medicine Hat	10.00
British Columbia	
Staff, Trail-Tadanac Hospital	$17.50
Staff and Public Health Nurses, Nanaimo Hospital	23.00
Staff, King's Daughters Hospital, Duncan	10.00
Staff, Tranquille Sanatorium	18.00
Staff, General Hospital, Fernie	10.00
School of Nursing, St. Paul's Hospital, Vancouver	10.00
Graduate Nurses Association, Vancouver	40.00
Creston Hospital Women's Auxiliary, Creston	5.00
Manitoba	
Manitoba Association of Registered Nurses	100.00
A.A., Winnipeg General Hospital	100.00
Nova Scotia	
Nova Scotia Registered Nurses Association	8.00
Sister Paul of the Cross, St. Joseph's Hospital, Glace Bay	10.00
Ontario	
A.A., Riverdale Hospital, Toronto	$10.00
A.A., Women's College Hospital, Toronto	5.00
A.A., Victoria Hospital, London	15.00
A.A., General Hospital, Woodstock	5.00
A.A., McKellar General Hospital, Fort William	10.00
A.A., General Hospital, Niagara Falls	5.00
A.A., Toronto Western Hospital, Toronto	25.00
A.A., St. John's Hospital, Toronto	5.00
A.A., Ontario Hospital, London	30.00
A.A., Ross Memorial Hospital, Lindsay	5.00
Prince Edward Island	
Graduate Nurses Association of Prince Edward Island	50.00
Quebec	
Nursing Staff, Alexandra Hospital, Montreal	10.00
Edith Cavell Chapter, I.O.D.E., Montreal	5.00
Club of Registered Nurses, Shawinigan Falls	2.00
A.A., Royal Victoria Hospital, Montreal	50.00
A.A., Homeopathic Hospital, Montreal	10.00
A.A., Jeffrey Hale's Hospital, Quebec	25.00
Student Nurses, The Montreal General Hospital	25.00
Student Government, Royal Victoria Hospital, Montreal	25.00
Sister St. Simon and Sister Brennan, St. Mary's Hospital, Montreal	10.00

Nursing Staff, Shriners' Hospital, Montreal	3.00
A.A., The Woman's General Hospital, Montreal	5.00
L'Association des Gardes-Malades Enregistrées de l'Hôpital Ste-Jeanne D'Arc, Montréal	5.00

Saskatchewan

Registered Nurses Association, Moose Jaw	$ 5.00
Registered Nurses Association, Education Section, Moose Jaw	7.00
Student Nurses, Regina General Hospital, Regina	15.00

DOWN TO THE SEA IN SHIPS

What is more fascinating than to stand at the rail of a ship and watch the strip of water widening between you and the dock? The coloured streamers stretch out their full length and trail in the wake. You are outward bound for a cruise on one of the "Lady" liners, five of which fly the house flag of the Canadian National Steamships.

You go on board at Montreal and for the next three days you sail the blue and tranquil waters of St. Lawrence River and the Gulf. Then after two days of open sea you reach Hamilton in Bermuda and find yourself transported into a new world of semi-tropical beauty. Perhaps you desire to remain on this magic island for two weeks and await the next north-bound "Lady" — or you may be more adventurous and stay with your ship. The next port you touch will be Nassau in the Bahamas and from there you put to sea once more and go further south to Kingston, the principal port of Jamaica. Here you stay on shore for two and a half days and have an opportunity of exploring the island before the "Lady" is ready to take you home again.

But isn't it too hot at this time of the year? Not at all. The cool Atlantic breezes see to that. And how much does it cost? That depends on you. If you wish to spend the holiday in Bermuda the return steamship fare is as low as $90.00. Hotel prices vary from $2.50 per day, American plan, to gilded luxury at $12.00. If you stay by your ship and go on to Jamaica your hotel expenses while in Kingston are included in the total rate of $160.00. Why not go down to the sea in a ship this summer —but make sure she is a "Lady" as a "liner" ought to be.

R.M.S. "Lady Drake" arriving at Grenada

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Analysis
Knox Gelatine

Protein (14 amino acids)	85.0—86.0%
Calcium Phosphate	1.0—1.25%
Fat (less than)	0.1%
Moisture	13.0—14.0%
Carbohydrate	Nil

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Knox Gelatine has an extremely low metal content . . . an almost-neutral pH. Odorless.

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. . . OFF . . . DUTY . . .

We happened to be passing . . . a head nurse's desk . . . the other day . . . and our editorial eagle eye . . . spotted an old acquaintance . . . It was the clothes book . . . and beside it lay the "patient's valuables" card . . . with a neat little parcel . . . all ready to be taken down . . . to the safe in the business office . . . where thieves cannot break in and steal . . . We began to speculate . . . on what might be . . . inside that parcel . . . Past experience told us . . . that there could be no telling . . . It might be a Masonic emblem ring . . . or an elk's tooth watch charm . . . or perhaps a thin gold band . . . almost worn through . . . after thirty years of marriage . . . Rarely it is a fat roll of bills . . . and often only an old bundle of frayed letters . . . tattered with much handling . . . Sometimes one would find a rosary . . . or a little medal . . . showing the ecstatic profile . . . of Sainte Thérèse de l'Enfant Jésus . . . At other times . . . it might be something more practical . . . such as a license to drive a car . . . or even a set of false teeth . . . (apologies to our dentist, who calls them "dentures") . . . Necklaces of Oriental pearls . . . bought at Woolworth's . . . which never saw an oyster . . . suspiciously brilliant diamond clips . . . and (once) an old stem-winding watch . . . Vanity cases often . . . and occasionally a monogrammed cigarette case . . . somewhat battered, like its owner . . . but still having an air of its own . . . Whatever these packages contain . . . they are usually claimed . . . by the patient when he or she goes home . . . well and happy . . . There is, of course, an alternative . . . about which we will not say much here . . . It is strange that these trifling possessions . . . should retain something of the essence of the person who treasured them . . . long after that owner has left earthly things behind . . . Quite often the entry in the ward book reads . . . "no valuables" . . . That may signify canny Scots caution . . . which does not take chances with its treasure . . . but in the public wards . . . of our great city hospitals . . . it probably means . . . just what it says . . . Few go away sorrowful these days . . . because of great possessions . . . Every now and then . . . the hospital safe has to be house cleaned . . . and the parcels marked "unclaimed" have to be dusted and put back again . . . Once in a children's hospital . . . we were doing this little job . . . and came across a boy's jack knife . . . with two strong blades . . . still brand-new and shining . . . We remembered that it had been a birthday gift . . . given ahead of time . . . to an eager little boy . . . because it was apparent . . . that the day itself . . . would be too late . . . Probably it still lies hidden in that safe . . . even as we write . . . Strange that its blade . . . can pierce to the heart . . . a thousand miles . . . and many years away . . .

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News Notes

News items intended for publication in the ensuing issue must reach the Journal not later than the eighth of the preceding month. In order to ensure accuracy all contributions should be typewritten and double-spaced.

ALBERTA

EDMONTON: Under the auspices of the Alberta Association of Registered Nurses a most interesting and helpful refresher course was held recently. Both lectures and practical demonstrations were well attended.

EDMONTON, ROYAL ALEXANDRA HOSPITAL: The graduation exercises of the School of Nursing were held recently, thirty nurses receiving their diplomas. Dr. G. H. Malcolmson addressed the graduating class. Prizes and medals were awarded as follows: for general proficiency, Miss Evelyn Gault; for highest aggregate marks, Miss Inez Erichricson; for second highest aggregate, Miss Alida Berquist; for nursing in surgical, medical and communicable diseases, Miss Margaret Fish; for operating room technique, Miss Ethel McLaren.

BRITISH COLUMBIA

VICTORIA, ROYAL JUBILEE HOSPITAL: The annual reunion dinner of the Alumnae Association was held recently and marked the fifteenth anniversary of the association. The guests of honor included the graduating class of 1935 together with the life members. About eighty-four members were present. An enjoyable evening was brought to a close by an interesting varied programme.

MARRIED: On April 8, 1935, Miss Jean Moore (R.J.H., 1930), to Mr. Granville Bothwell.

NEW BRUNSWICK

SAINT JOHN: The New Brunswick Association of Registered Nurses met recently with Mrs. Van Dorsser in the chair. The association donated twenty-five dollars to the Cancer Fund. The speaker of the evening was Dr. R. H. MacKeen. The private duty section of the Saint John Chapter met recently with Miss H. Reicker in the chair. Eight-hour duty was discussed. Dr. E. C. Menzies gave an instructive lecture on "Nerves as we find them on the wards."

SAINT JOHN: Among the nurses who received the King's silver jubilee medals on May 6, are: Sister Veronica, Adj. M. Challicom, Mesdames Foss, G. E. Barbour, J. L. Mullaly, J. H. Vaughan, J. Gale, Misses M. Retallick, M. Murdoch, E. L. Dickson, L. E. Campbell, S. Brophy, A. Burns, Eva Smith, N. Estabrook, M.B.E., E. Kerr, H. Dykeman, L. Gregory, F. Coleman and L. Smith. Miss Ina Wetmore has recently joined the staff of the Lancaster Military Hospital. Miss G. Savage and Miss Sue Hartley have been nursing in Montreal recently.

WOODSTOCK: The monthly meeting of the Alumnae Association of the Fisher Memorial Hospital was held recently with Mrs. Harry Dunbar presiding. Ten dollars was voted to the Florence Nightingale Memorial Fund. A variety shower was tendered Mrs. Lawrence Jones, formerly Miss Elizabeth Dunbar.

NOVA SCOTIA

HALIFAX: Miss Maude Retallick, registrar of the N.B.A.R.N., recently visited Halifax, and a number of nurses had the pleasure of meeting her. A delightful afternoon tea was given in her honour by Miss Victoria Winslow, superintendent of the Children's Hospital. Miss Lenta Hall, president of the N.S.A.R.N., recently spent several weeks in New York doing observation work of a public health nature, and later attended the annual meeting of the Victorian Order at Ottawa.

ANTIGONISH: During May, Sister Mary Peter (Marcella McVeigh), and Miss Winnifred Mary McQuaid will receive the degree of B.Sc. in Nursing from St. Francis Xavier University. This course is given in conjunction with St. Martha's School of Nursing, where Sister Mary Peter has been Directress of Nursing for some time, and where Miss McQuaid is a member of this year's class. Miss Jean Vanstone Simpson, Antigonish, who has been doing postgraduate work at the Halifax Infirmary, has accepted a position on the staff of the Halifax Children's Hospital. St. Martha's School of Nursing held its Commencement Exercises on May 17, when eleven nurses, including one male nurse, graduated.

WINDSOR: Payzant Memorial Hospital recently held its graduation exercises when the classes of the last three years were presented with diplomas.

ONTARIO

DISTRICTS 2 AND 3

BRANTFORD: Miss Jessie Edmondson has returned after a visit to Los Angeles. Miss E. M. McKee recently attended the sectional meeting of the American College of Surgeons, held in Cleveland, and presented a paper on hospital economy. A meeting of the Alumnae Association of Brantford General Hospital was held recently when the speaker was Mrs. J. N. Mitchell, of the Victorian Order of Nurses, Brantford, who spoke interestingly on the history of the Order.

DISTRICT 4

HAMILTON: At the annual meeting of the R.N.A.O., delegates and guests numbering four hundred were entertained by the staff of the Hamilton General Hospital and members of the Alumnae Association. Those presiding at the tea-tables were: Mrs. W. H. Cooper, Mrs. Hickey, Mrs. Myles Brown, Miss Madden, Miss Wright and Miss Chisholm. Miss Gladys Demoulin (H.G.H.), has returned from a trip to Miami, Nassau and Havana.

MARRIED: On April 30, 1935, Miss Grace Chapman (H.G.H., 1929), to Mr. Robert Price.

ST. CATHARINES, MACK TRAINING SCHOOL FOR NURSES: Miss F. McCarter is taking a postgraduate course at the Royal Victoria Hospital, Montreal. Miss E. Purton (1933) has been appointed matron of the Woodstock Orphans' Home. Miss E. Eades (1933) has been appointed supervisor of the pediatric ward at the Jewish Hospital of Montreal.

DISTRICT 5

TORONTO, TORONTO GENERAL HOSPITAL: Miss Marjorie Rowland (T.G.H., 1929) has been transferred from "A" service to the V. D. and skin clinics in the Peter Larkin outpatient annex. Miss Jane Luzine (T.G.H., 1932), has been appointed to take charge of the gynaecological clinic ward follow-up work. The Alumnae Association held their annual dance in honor of the graduating class on May 3. Miss Jean Mitchell was convener and the hostesses were: Mrs. C. Decker, Mrs. E. A. Gray, Miss Helen Locke, and Miss Mary Meikle, president of the student council. Mrs. Margaret Dewey (T.G.H., 1915), of the social service department was appointed recently to the department of radiology. Miss Sutherland of the social service department, Vancouver General Hospital, is spending three months in the social service department of the Toronto General Hospital.

TORONTO, VICTORIAN ORDER OF NURSES: The Staff Council of the Toronto branch held an informal dinner on May 2 in honor of some retiring members of the staff. Miss Stewart and Miss Bryden are returning to Glasgow after eight years with the V.O.N., and Miss Eleanor Crosby, who has made an excellent recovery after several months at Freeport Sanitarium, is returning to England and is planning to take postgraduate work in public health. Between courses Miss Winter and Miss Greenwood hurried away to the broadcasting station to take the part of nurse and patient in a ten-minute skit they had written. This just happened to be Victorian Order night in a series of broadcasts arranged by Federation for Community Service for publicity purposes. On their return the performers repeated the skit for the staff. Miss Grace Cameron, president of the council, gave a report of the annual meeting of the R.N.A.O.

TORONTO WESTERN HOSPITAL: The graduating class of 1935 were entertained at a supper dance on May 3 by the Alumnae Association. Hearty congratulations are tendered to Miss Gladys Sharpe who has been awarded the scholarship offered by the Canadian Nurses Association and will take the courses offered under the auspices of the Nightingale Memorial Foundation at Bedford College and the College of Nursing in London. The official announcement of this award will be found in this issue under the caption of *Notes from the National Office*.

TORONTO: The annual dinner of the Alumnae Association of the Grant MacDonald Training School was held recently when Mrs. C. M. Ash, president, acted as hostess. Greetings were received from Miss E. M. Cook, superintendent of nurses, who was unavoidably detained due to illness. Miss Marion Willet (Class of 1934), has completed a postgraduate course at the Hospital for Sick Children, Toronto.

DISTRICT 7

KINGSTON: The annual meeting of District 7, R.N.A.O., was held on April 10, when Dr. Austin addressed the meeting. Misses A. Baillie, L. Acton, B. Howes, of Kingston General Hospital, and Miss M. Bliss, of Smiths Falls Public Hospital, attended the annual meeting of the R.N.A.O., at Hamilton. Misses M. Sharp, M. Howes and G. Fraser, graduates of the Kingston General Hospital, are doing general duty work. Miss E. Rathburn has

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Students may enrol for study in any one of the following subjects:—

A. Public Health Nursing: a preliminary training.

B. Public Health Nursing: advanced study in special fields.

C. Studies for Hospital Staff Nurses.
These are commonly called Instructors', Supervisors' and Administrators' Courses. They are arranged particularly for nurses who are preparing for teaching and supervisory work in hospitals and training schools.

Undergraduates will live in residence and a small amount of residence accommodation may be available for graduate students.

For further information apply to:—

The Secretary, School of Nursing, University of Toronto.

resumed her duties after a trip to Florida. Misses Isabel Simpson and Evelyn Galbraith (K.G.H.,) are taking a postgraduate course in surgery in the Kingston General Hospital.

DISTRICT 10

PORT ARTHUR: A meeting of District 10, R.N.A.O., was held recently at Port Arthur. A short play was given by pupils of St. James Public School. Dr. Diamond gave an interesting talk on his trip in Europe.

MARRIED: On February 15, 1935, Miss Marion Strachan (McKellar Hospital, Fort William), to Mr. J. Kraus.

MONTREAL, ROYAL VICTORIA HOSPITAL: A meeting of the Alumnae Association was held recently when Dr. Brow gave an instructive address on "Emergencies in heart disease." The following members of the association were awarded the King's Jubilee medal: Misses Mabel Hersey, Barbara Campbell, Grace Martin, Eileen Flanagan, Kathleen Bliss, E. J. Enright, Jessie Robertson, Edith Buchanan.

MARRIED: On April 19, 1935, Miss Anna MacLeod (R.V.H., 1930), to Dr. Arthur Wade.

MARRIED: On April 29, 1935, Miss Alice Murchison (R.V.H., 1926), to Mr. Cyril Blackmore.

SASKATCHEWAN

MOOSE JAW: During April the Graduate Nurses of Moose Jaw had the honour of presenting the first refresher course for graduate nurses ever held in Saskatchewan. The meetings were held at the Public Library, the Moose Jaw General Hospital and the Providence Hospital, with over fifty members registered. The main purpose of the course was to introduce to the graduate nurse, the more advanced treatment of diseases, new drugs, and diets. Instructive lectures were given on tuberculosis, psychiatry, health clinics, first aid, fractures, pre-natal development and country nursing. The course closed with a supper meeting at which Miss R. M. Simpson, President of the Canadian Nurses Association, gave a very interesting talk on "The nursing field and professional organizations." The course was a decided success and proved very beneficial to all who attended.

SASKATOON CITY HOSPITAL: Medals commemorating Their Majesties' Silver Jubilee have been awarded to: Miss Gretta Munroe (S.C.H., 1920); Miss E. M. Simpson (S.C.H., 1921); Miss M. R. Chisholm (S.C.H., 1923); Miss Edith Amas (S.C.H., 1923); Miss M. E. Grant (S.C.H., 1923).

OBITUARY

HORNBY—On December 30, 1934, there passed away, at the age of sixty-nine years, the oldest and most widely known of the active nurses of Sherbrooke, Que. Miss Carolyn Hornby, a native of Quebec, graduated in 1904 from the Berlin and Waterloo Hospital. She was appointed assistant superintendent in the Sherbrooke Hospital in 1910, afterwards acting as superintendent in the same institution and for the past twenty years she engaged in private nursing. Possessed of a single-hearted devotion to her profession, and blessed with vigorous health and steady nerves, Miss Hornby was called for the most difficult cases and invariably gave her patients faithful and skilful care, making friends not only for herself but for the nursing profession. She nursed almost continuously until stricken by her last illness; at an age when women usually consider themselves entitled to take their ease, this stalwart nurse thought it no hardship to catch the 6.30 a.m. bus in all weather and to go on duty for twelve hours of hard, anxious work; none heard her utter a word of complaint. A charter member of the Graduate Nurses Association of the Eastern Townships, Miss Hornby took a keen interest in nursing activities, and was for many years correspondent to *The Canadian Nurse* for the Association.

REFRESHER COURSE

A refresher course is offered by the Registered Nurses Association of British Columbia in conjunction with the Summer Session of the University of British Columbia from July 2 to July 12 inclusive. This course is open to graduate nurses, student nurses and social workers. The fee is $5.00 for the full course of two weeks; $2.50 for one week; fifty cents for a single day or lecture. For further particulars see announcements appearing in the May and June issues of this *Journal*.

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Applications will be accepted only from graduates of recognized hospital training schools who have completed their period of training.

For further information, address:—

THE REGISTRAR,
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Official Directory

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ONTARIO

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QUEBEC

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SASKATCHEWAN

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A.A., St. Joseph's Hospital

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A.A., Sarnia General Hospital

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A.A., Stratford General Hospital

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A. A. Grace Division, Toronto Western Hospital

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A.A., St. Joseph's Hospital

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A.A., Training School for Nurses of the Toronto East General Hospital incorporated with the Toronto Orthopedic Hospital.

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A.A., Connaught Training School for Nurses Toronto Hospital, Weston

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